PAGE 1 / 16

Image# 201507319000525014

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

	For Other Than An	Authorized (Committe	ee		Office Use Only	
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		ple: If typin he lines.	g, type	12FE4M5		
Stark360		1 1 1 1 1					
ADDRESS (number and street)	203 S UNION ST STE	300					
Check if different							
than previously reported. (ACC)	ALEXANDRIA				VA L	22314	-
2. FEC IDENTIFICATION NU	JMBER ▼	CITY 🛦		S	STATE 🛦	ZIP CO	DE 🛦
C C00566505		3. IS THIS REPORT	× (r	EW N) OR	AM (A)	IENDED	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	N	May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3)	J	un 20 (M6)	H	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q)1)	Apr 20 (M4)	J	ul 20 (M7)	Oct 2	20 (M10)	Jan 31 (YE)
July 15 Quarterly Report (Q	(C) 12-Day		rimary (12P)		General (12G)	Runoff (12R)
October 15 Quarterly Report (Q	Report for the	ne: C	onvention (1	2C)	Special (12S)	
January 31 Year-End Report (Y	_	lection on	M = M /	D D /	Y Y Y Y	in the State o	of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day		eneral (30G)	Runoff (3	0R)	Special (30S)
Termination Report (TER)		lection on	M = M /	D D /	Y • Y • Y	in the State o	of
5. Covering Period 01)15	through	06	/ 0 0 /	2015	
I certify that I have examined th	is Report and to the be	st of my knowl	edge and b	elief it is true	e, correct and	complete.	
Type or Print Name of Treasure	r Michael J. Gruccio Esc	٦.					
Signature of Treasurer Michael	ael J. Gruccio Esq.	[]	Electronically	Filed] Da	ate 07	31/	2015
NOTE: Submission of false, errone	eous, or incomplete inforr	nation may subj	ect the pers	on signing thi	s Report to th	ne penalties of 2	U.S.C. §437g.
Office Use						FEC FOR Rev. 12/2	
Only	ı	· I	I				

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Stark360 2015 06 30 2015 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2210.06 January 1, 2015 (b) Cash on Hand at 2210.06 Beginning of Reporting Period..... 380.97 380.97 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 2591.03 2591.03 6(a) and 6(c) for Column B)..... 2006.54 2006.54 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 584.49 584.49 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 50000.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Stark360

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
. Contributions (other than loans) From:			
(a) Individuals/Persons Other			
Than Political Committees			
(i) Itemized (use Schedule A)	250.00	250.00	
(ii) Unitemized	0.00	0.00	
(iii) TOTAL (add			
Lines 11(a)(i) and (ii)▶	250.00	250.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees			
(such as PACs)	0.00	0.00	
(d) Total Contributions (add Lines			
11(a)(iii), (b), and (c)) (Carry	050.00	250.00	
Totals to Line 33, page 5)	250.00	250.00	
2. Transfers From Affiliated/Other	0.00	0.00	
Party Committees	0.00	0.00	
All Loans Received	0.00	0.00	
. Loan Repayments Received	0.00	0.00	
Offsets To Operating Expenditures	7	7	
(Refunds, Rebates, etc.)			
(Carry Totals to Line 37, page 5)	0.00	0.00	
6. Refunds of Contributions Made			
to Federal Candidates and Other		0.00	
Political Committees	0.00	0.00	
7. Other Federal Receipts	400.07	120.07	
(Dividends, Interest, etc.)	130.97	130.97	
(a) Non-Federal Account			
(from Schedule H3)	0.00	0.00	
(1 11 11 1 1)	7		
(b) Levin Funds (from Schedule H5)	0.00	0.00	
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00	
Tabel December (and Linear 44/4)			
7. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	380.97	380.97	
12, 10, 17, 10, 17, and 10(c//	300.91	300.97	
. Total Federal Receipts			
(subtract Line 18(c) from Line 19)▶	380.97	380.97	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. (Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	10441 11110 1 01104	Calcinual Teal-to-Date
	(i) Federal Share	0.00	0.00
	(i) Tederal Ollare		
	(ii) Non-Federal Share	0.00	0.00
((b) Other Federal Operating	0.50	0.50
,	Expenditures	6.53	6.53
((c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	6.53	6.53
-	Transfers to Affiliated/Other Party	7	5.00
	Committees	0.00	0.00
	Contributions to Federal Candidates/Committees		
	and Other Political Committees	0.00	0.00
	ndependent Expenditures	0.00	0.00
(use Schedule E)	0.00	0.00
(2 U.S.C. §441a(d)) use Schedule F)	0.00	0.00
(use Schedule F)	7 7 7	0.00
ı	_oan Repayments Made	0.00	0.00
	out it spay it one in a committee in		
	_oans Made	0.00	0.00
	Refunds of Contributions To: (a) Individuals/Persons Other		
,	Than Political Committees	0.00	0.00
	4.	0.00	0.00
	(b) Political Party Committees	0.00	0.00
((c) Other Political Committees (such as PACs)	0.00	0.00
	(04011 40 17100)	7	7
(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	0.00	0.00
(Other Disbursements	2000.01	2000.01
ı	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
,	(from Schedule H6)		
	(i) Federal Share	0.00	0.00
	i	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
((b) Federal Election Activity Paid Entirely	0.00	0.00
-	With Federal Funds (c) Total Federal Election Activity (add	0.00	7 7
'	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
		7	7
-	Total Disbursements (add Lines 21(c), 22,		
2	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	2006.54	2006.54
		7 7	
	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	2006 54	2006.54
Ī	rom Line 31)	2006.54	2000.54

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	250.00	250.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	250.00	250.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	6.53	6.53
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	6.53	6.53

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 6 OF 16 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Stark360 Full Name (Last, First, Middle Initial) Jesse C Edwards Jr. Date of Receipt Mailing Address 33 Rattlesnake Hill Road 2015 City Zip Code State Transaction ID: SA11AI.4299 NH Auburn 03032 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Retired **US Army** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 SUBTOTAL of Receipts This Page (optional)..... 250.00 TOTAL This Period (last page this line number only).....

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 7 OF 16				
ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the		(check only one)				
•	LIMIZED REGEN 10		Detailed Summary Page	11a 11b 11c 12				
	Any information copied from such Reports and Statements or for commercial purposes, other than using the name and							
	NAME OF COMMITTEE (In Full)	name and a	duress of any political committee	to solicit contributions from such committee.				
	Stark360							
Α.	Full Name (Last, First, Middle Initial) Stark360			Date of Receipt				
	Mailing Address 203 S UNION ST STE 300			M = M / D = D / Y = Y = Y				
	City	State	Zip Code	06 30 2015 Transaction ID : SA17.4301				
	ALEXANDRIA	VA	22314	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C co	0566505	130.97				
	Name of Employer	Occupation	I	Audit adjustment for 2014				
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	1				
	Other (specify) ▼		130.97					
В.	Full Name (Last, First, Middle Initial)			Date of Receipt				
	Mailing Address			M = M / D = D / Y = Y = Y				
	City	State	Zip Code	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С						
	Name of Employer	Occupation						
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General Other (specify) ▼		<u> </u>					
С.	Full Name (Last, First, Middle Initial)			Date of Receipt				
٠.	Mailing Address			M = M / D = D / Y = Y = Y				
	City	State	Zip Code	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С						
	Name of Employer	of Employer Occupation						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	_ 				
5	SUBTOTAL of Receipts This Page (optional)			130.97				

TOTAL This Period (last page this line number only).....

130.97

SCHEDULE B (FEC Form 3X)	Han an emiliar of the Co	FOR LINE	LINE NUMBER: PAGE			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(onlook only				
	Detailed Summary Page	21b 27	22 23 28b	$ \begin{array}{c cccc} 24 & 25 & 26 \\ 28c & 29 & 30 \end{array} $		
Any information copied from such Reports and Stater or for commercial purposes, other than using the nar						
NAME OF COMMITTEE (In Full)						
Stark360						
Full Name (Last, First, Middle Initial)						
A. DB Capitol Strategies			Date of Disburseme	ent		
Mailing Address 203 S Union St			01 05	2015		
Suite 300 City	State Zip Code					
Alexandria	VA 22314		Transaction ID: S	SB29.4298		
Purpose of Disbursement Carey account - legal and compliance consulting		001	Amount of Each Di	sbursement this Period		
Candidate Name		Category/		2000.00		
Office Sought: House Disburse	ment For:	Туре		7		
Senate	Primary General					
President	Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial)						
Stark360			Date of Disburseme	_		
Mailing Address 203 S UNION ST STE 300			06 30	2015		
203 5 UNION 51 51E 300			30	2010		
,	State Zip Code		Transaction ID : \$	SB29.4302		
ALEXANDRIA Purpose of Disbursement	VA 22314					
Cash on hand adjustment for bitcoins - see memo	text	001	Amount of Each Di	sbursement this Period		
Candidate Name		Category/		0.01		
Office Sought: House Disburser	ment For:	Type	-	0.01		
Office Sought: House Disbursei	Primary General					
President	Other (specify)					
State: District:	<u>-</u>					
Full Name (Last, First, Middle Initial)			Date of Dist			
D.			Date of Disburseme	_		
Mailing Address			M M / D D	/		
City	State Zip Code					
o,						
Purpose of Disbursement						
Candidate Name			Amount of Each Di	sbursement this Period		
Candidate Name		Category/ Type				
Office Sought: House Disburse	ment For:	1,700				
Senate	Primary General					
President	Other (specify) ▼					
State: District:						
				2000.01		
SUBTOTAL of Disbursements This Page (optional)		·····•	7	2000.01		
TOTAL This Period (last page this line number only)			2000.01		
- I I I I I I I I I I I I I I I I I I I	,					

: 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SB29 Transaction ID: SB29.4302

Cash on hand adjustment to account for change in bitcoin price over reporting period. End of period price on 6/30/15 is 262.48 USD per BTC. 0.00023251 BTC carried over from previous reporting period at 12/31/14 price of 319.70 USD per BTC; drop in price of 57.22 USD per BTC, for drop in value of \$0.01. As of the close of books for this report, the committee has 0.00023251 bitcoins, valued at \$0.06, per the 6/30/15 price of 262.48 USD per BTC.

Form/Schedule: Transaction ID:

SCHEDULE	C	(FEC	Form	3X
LOANS				

Use separate schedule(s) for each category of the Detailed Summary Page

OF 16 PAGE 10 FOR LINE 13 OF FORM 3X

	Botanoa cammary r ago
IAME OF COMMITTEE (In Full) Stark360	Transaction ID : SC/10.4303
LOAN SOURCE Full Name (Last, First, Middle Initial) Aaron Day	Election: Primary
	General
Mailing Address 53 Riddle Dr.	Other (specify) \blacktriangledown
	de 03110
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
5000.00	0.00 5000.00
TERMS	
Date Incurred Date Due	Interest Rate Secured:
07 / 30 / 2014 M M / D D / or	n demand 0.00 % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City Code	Amount Guaranteed
City State ZIP Code	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
Walling Address	Cocupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	5000.00
TOTALS This Period (last page in this line only)	>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

OF 16 PAGE 11 FOR LINE 13 OF FORM 3X

IAME OF COMMITTEE (In F Stark360	Full)			Transaction ID : SC/10.4304
LOAN SOURCE Full Na Aaron Day		Initial)		Election: Primary General
Mailing Address 53 Riddle	e Dr.			Other (specify) ▼
City Bedford	Sta	te NH ZIP C	ode 03110	
Original Amount of Loan	С	umulative Payment T	o Date	Balance Outstanding at Close of This Period
	5000.00		0.00	5000.00
TERMS	a.d	Data Dur		Convert Date
Date Incur	2014	Date Due	on demand	terest Rate 0.00 % (apr) Secured: Yes No
List All Endorsers or Gu	` • • • • • • • • • • • • • • • • • • •	oan Source		
1. Full Name (Last, First	, Middle Initial)		Name of Emplo	pyer
Mailing Address			Occupation	
City	State Z	IP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First,	Middle Initial)		Name of Emplo	pyer
Mailing Address			Occupation	
City	State Z	IP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First,	Middle Initial)		Name of Emplo	oyer
Mailing Address			Occupation	
City	State Z	IP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First,	Middle Initial)		Name of Emplo	pyer
Mailing Address			Occupation	
O:L.	04-4-	VID. Condo	Amount	
City	State Z	IP Code	Guaranteed Outstanding:	
SUBTOTALS This Period Th	nis Page (optional)			5000.00
TOTALS This Period (last pa				
carry outstanding balance	omy to LINE 3, Schedu	וe ש, זסר נחוs line. I	i no schedule D,	carry forward to appropriate line of Summary.

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

OF 16 PAGE 12 FOR LINE 13 OF FORM 3X

	, ,
AME OF COMMITTEE (In Full)	Transaction ID: SC/10.4305
Stark360	
LOAN COURCE Full Manner / Loan Final Mark 1 10 1 20 10	I Floation:
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election: Primary
Aaron Day	General
Mailing Address	Other (specify)
Mailing Address 53 Riddle Dr.	Other (specify)
City Bedford State NH ZIP Co	de 03110
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
5000.00	0.00 5000.00
TERMS	Interest Date Consumed.
Date Incurred Date Due	Interest Rate Secured:
08 / 20 / Y 3 Y 3 Y 3 Y 3 Y 3 Y 3 Y 3 Y 3 Y 3 Y	n demand 0.00 % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	A
City State ZIP Code	Amount Guaranteed
Only State Zii Gode	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
ALTE ALL	
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
The state of the s	
	Amount
City State ZIP Code	Guaranteed
A Full Name / Look First Middle Leitiel)	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
0	Amount
City State ZIP Code	Guaranteed Outstanding:
	Catotanany.
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	>
Open substanding belong substanting to Co. 11. D. C. 11. 11.	The Collectivity D. Committee and the committee of the Collection
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no schedule D, carry forward to appropriate line of Summary.

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

OF 16 PAGE 13 FOR LINE 13 OF FORM 3X

	Botanoa caninary rago
IAME OF COMMITTEE (In Full) Stark360	Transaction ID : SC/10.4274
LOAN SOURCE Full Name (Last, First, Middle Initial) Aaron Day	Election: Primary General
Mailing Address 53 Riddle Dr.	Other (specify) ▼
	Code 03110
Original Amount of Loan Cumulative Paymen	t To Date Balance Outstanding at Close of This Period
10000.00	0.00 10000.00
TERMS Date Incurred Date I	Due Interest Rate Secured:
10 20 2014 M M M / D D /	on demand 0.00 % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	10000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line	e. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE	C	(FEC	Form	3X
LOANS				

Use separate schedule(s) for each category of the Detailed Summary Page

OF 16 PAGE 14 FOR LINE 13 OF FORM 3X

MATE OF COMMITTEE (In Full) tark360 LOAN SOURCE Full Name (Last, First, Middle Initial) Matthew Phillips Mailing Address 8 Kings Ransom Ln. City Bedford State NH ZIP Code 03110 Original Amount of Loan Cumulative Payment To Date Balance Outstanding TERMS Date Incurred Date Due Interest Rate 107 30 7 2014 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Matthew Phillips Matthew Phillips Mailing Address 8 Kings Ransom Ln. City Bedford State NH ZIP Code 03110 Original Amount of Loan Cumulative Payment To Date Balance Outstanding: Date Incurred Date Due Interest Rate 07 30 2014 10 00 00 % (april 1997) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Mailing Address Occupation Mailing Address Occupation Mailing Address Occupation Mailing Address Occupation Amount Guaranteed Outstanding: City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: Name of Employer Amount Guaranteed Outstanding: Name of Employer	10.4309
Mailing Address 8 Kings Ransom Ln. City Bedford State NH ZIP Code 03110 Original Amount of Loan Cumulative Payment To Date Balance Outstanding. TERMS Date Incurred Date Due Interest Rate 107 1 2014 2014 1 1 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Mailing Address 8 Kings Ransom Ln. City Bedford State NH ZIP Code 03110 Original Amount of Loan Cumulative Payment To Date Balance Outstanding TERMS Date Incurred Date Due Interest Rate M 7 M 7 0 30 7 Y 2014 M M M 7 D D 7 Y 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
Mailing Address 8 Kings Ransom Ln. City Bedford State NH ZIP Code 03110 Original Amount of Loan Cumulative Payment To Date Balance Outstanding 5000,00 TERMS Date Incurred Date Due Interest Rate 07 2014 M M M On demand 0.00 % (april List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address City State ZIP Code Guarantors Guarantors Guarantors Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed Outstanding: City State ZIP Code Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed Outstanding: Name of Employer	
Mailing Address 8 Kings Ransom Ln. City Bedford State NH ZIP Code 03110 Original Amount of Loan Cumulative Payment To Date Balance Outstanding 5000.00 TERMS Date Incurred Date Due Interest Rate 0.00 % (apr List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Guaranteed Guarantee	
City Bedford State NH ZIP Code 03110 Original Amount of Loan Cumulative Payment To Date Balance Outstanding TERMS Date Incurred Date Due Interest Rate 0.00 % (apr TERMS Date Incurred Date Due Interest Rate 0.00 % (apr List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Mailing Address Occupation Mailing Address Occupation City State ZIP Code Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Name of Employer	ecify) 🕳
Original Amount of Loan Sound	7011y) \
TERMS Date Incurred Date Due Interest Rate Date Date Due Interest Rate Date Date Due Interest Rate Date Date Due Interest Rate Date Date Date Date Date Date Date Date	
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4. Full Name (Last, First, Middle Initial) Name of Employer	
Mailing Address Occupation	
Amount	
City State ZIP Code Guaranteed Outstanding:	
UBTOTALS This Period This Page (optional)	5000.00
OTALS This Period (last page in this line only)	7
arry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate	riate line of Summary.

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

OF 16 PAGE 15 FOR LINE 13 OF FORM 3X

	Botanou Guninary i ago
IAME OF COMMITTEE (In Full) Stark360	Transaction ID : SC/10.4310
LOAN SOURCE Full Name (Last, First, Middle Initial) Matthew Phillips	Election: Primary General
Mailing Address 8 Kings Ransom Ln.	Other (specify)
	de 03110
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
10000.00	0.00 10000.00
TERMS Date Incurred Date Due	Interest Rate Secured:
M = M / D = D / Y = Y = Y = Y = M = M / D = D / Y =	demand 0.00 % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
CURTOTAL C. This Deviced This Dane (-white - 1)	10000.00
SUBTOTALS This Period This Page (optional) TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If I	

SCHEDULE C	(FEC	Form	3X)
LOANS			

Use separate schedule(s) for each category of the Detailed Summary Page

OF 16 PAGE 16 FOR LINE 13 OF FORM 3X

		Botanea Garminary	. ago
ME OF COMMITTEE (In Full)			Transaction ID : SC/10.4275
tark360			
LOAN SOURCE Full Name (Last,	First, Middle Initial)		Election:
Matthew Phillips	r not, madio milaly		Primary
			General
Mailing Address 8 Kings Ransom Ln			Other (specify)
8 Kings Ransom Ln			care (epoint), •
City Bedford	State _{NH} ZIF	Code 03110	
Original Amount of Loan	Cumulative Paymen	nt To Date	Balance Outstanding at Close of This Period
10000	0.00	0.00	10000.00
TERMS			
Date Incurred	Date I		Rate Secured:
10 / 20 / Y 2014	Y M - M / D - D /	on demand	0.00 % (apr) Yes X No
List All Endorsers or Guarantors	(if any) to Loan Source		
1. Full Name (Last, First, Middle I	nitial)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City	State ZIP Code	Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle In	itial)	Name of Employer	
Mailing Address		Occupation	
0.1	710.0	Amount	
City	State ZIP Code	Guaranteed Outstanding:	7 1 7 1 7 1
3. Full Name (Last, First, Middle In	tial)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City	State ZIP Code	Guaranteed	
		Outstanding:	
4. Full Name (Last, First, Middle In	itial)	Name of Employer	
Mailing Address		Occupation	
Ü		·	
		Amount	
City	State ZIP Code	Guaranteed Outstanding:	
			10000.00
JBTOTALS This Period This Page (optional)	······	10000.00
OTALS This Period (last page in this	line only)	>	50000.00
arry outstanding halance only to LII	VE 3. Schedule D. for this line	e. If no Schedule D. carry	forward to appropriate line of Summary.
arry carotanianing balance only to Ell	c, concadio D, for tino init	o concadic b, carry	to appropriate inte or outlinary.